PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10810635

CLAIMS AS FILED - PART I								SMALL	FNTITY		OTHE	O THAN	
			(Column 1)		(Column 2)		-	TYPE		OF		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			19	19				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	E 385.0	0 OR	BASIC FEE	770.00	
Ľ	OTAL CHARG	EABLE CLAIMS	/9 minus 20=		*			XS 9=		OR	X\$18=		
╟─	IDEPENDENT) minus 3 =		2			X43=		OR	X86=	172	
Ľ	IULTIPLE DEPE	ENDENT CLAIM F	PRESENT					+145=		OR		1	
*	If the difference	ce in column 1 is	ess than zero, enter "0" ir			column 2	Į	TOTAL	+	OR	TOTAL	942	
		CLAIMS AS	O - PARI	ΓII				<u> </u>		OTHER	THAN		
_		(Column 1)		(Colum		(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF M	Minus	PENDENIT.	· CL A114	=		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
1	16	17 13 1	9				L A	TOTAL DDIT. FEE		- '	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	_	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		= .		X43= ·		OR	X86=	·	
·	PIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-	+145=		OR	+290=	·	
							L	TOTAL		```L	TOTAL	•	
		(Cal					AD	DIT. FEE	•	OR A	DDIT. FEE	•	
	`	(Column 1) CLAIMS		(Column HIGHES		(Column 3)	_	·		, p-			
JEN I		REMAINING AFTER AMENDMENT		NUMBE PREVIOU: PAID FO	SLY !	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2 Z	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
5 1	Independent		Minus	***		=	-	X43=		1	X86=	- 7	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -	700=		
• 15	the entry in colum	nn 1 is lose than th-	ontário astro	. O p	•:•		<u>_</u> +	145=		OR	+290=		
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DIT. FEE		
T.	he "Highest Num	ber Previously Paid	For (Total or I	SPACE is le ndependent)	ss than is the h	3, enter "3." ighest number (or the appro	opriate box				